

<b>NEVADA DEPARTMENT OF CORRECTIONS</b>	<b>SERIES 600 HEALTH CARE SERVICES</b>	<b>SUPERSEDES: AR 610 (08/12/02)</b>
<b>ADMINISTRATIVE REGULATIONS MANUAL</b>	<b>ADMINISTRATIVE REGULATION 610 HIV STATUS AND ACQUIRED IMMUNE DEFICIENCY SYNDROME TEMP</b>	<b>EFFECTIVE DATE: 08/25/03</b>

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### **PURPOSE**

To define the policies and procedures regarding the delivery of treatment, programs, and services for persons with HIV antibodies.

To establish guidelines for the dissemination of information regarding inmates with HIV antibodies within the Nevada Department of Corrections.

### **AUTHORITY**

NRS 209.131  
NRS 209.385  
NRS 209.511  
NRS 411A

### **RESPONSIBILITY**

All employees of the Department have the responsibility to comply with this procedure.

## **DEFINITIONS**

**AIDS (ACQUIRED IMMUNE DEFICIENCY SYNDROME)** – An inmate who has been exposed to the HIV virus and has progressed to stage 6 of the “Walter Reed Classification” criteria.

**COMMUNICABLE DISEASE** – A disease which is caused by a specific infectious agent or its toxic products, and which can be transmitted, either directly or indirectly, from a reservoir of infectious agents to a susceptible host organism.

**HIV POSITIVE** – An inmate infected with the Human Immunodeficiency virus as demonstrated by the presence of HIV antibodies using the E.L.I.S.A. method and subsequently proven by the Western Blot procedure, or noted by positive virus antigen or culture growth in blood.

## **APPLICABILITY**

Applies to all inmates within the Department who are HIV positive or have met the criteria for AIDS.

## **PROCEDURES**

### **610.01 HIV STATUS AND ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)**

1.1 The Department will deliver treatment, programs, and services to inmates with HIV antibodies in a manner which takes into consideration the special needs of these inmates, the concerns and welfare of the Department’s personnel, the welfare of the general public, and other inmates in the custody of the Department, while maintaining standard levels of custody and control.

1.2 It is the policy of the Department to segregate inmates who test positive for HIV antibodies if they engage in high risk behavior which tends to promote the spread of this disease, as defined in NRS 209.385 4.B.

1.2.1 The Department will enforce this policy for the welfare of the general inmate population, for the welfare of staff, and to reduce the opportunities for the disease to spread.

1.2.2 The Medical Director and the Offender Management Administrator (OMA) must approve any classification that recommends release from segregation.

### 1.3 Identification of Persons with HIV Antibodies

1.3.1 Mandatory screening for common infectious disease, including HIV, will be conducted during the intake process on all inmates housed in the Nevada Department of Corrections. (3-4366)

1.3.2 Highly specific supplemental testing will be conducted on all inmates testing positive by the E.L.I.S.A. method.

1.3.3 A positive Western Blot is necessary to identify a person infected by the HIV virus.

1.3.4 Positive results from the supplemental test do not necessarily indicate that the inmate has AIDS, but that the inmate is presumed to be infected with HIV and is infectious and capable of transmitting it.

1.3.5 All inmates will be given AIDS information handouts coupled with an educational and pre-test counseling component explicitly emphasizing modes of transmission and specific risk reduction behaviors during the intake orientation process.

1.3.6 Those inmates noted to be positive for HIV will be offered voluntary counseling during incarceration and prior to release from prison.

### 1.4 Classification Requirements for Inmates Who Test Positive

#### 1.4.1 Information Provided for Classification Purposes and to Individuals Required by Law

1.4.1.1 The name of the offender(s) who test positive on E.L.I.S.A. and Western Blot will be disclosed to the following parties via a confidential weekly list prepared and distributed by Medical Administration.

- The Director;
- Offender Management Administrator;
- The Manager or Warden of the institution/facility at which the offender is confined;
- The Warden/Manager of the institution/facility at which the offender is confined will provide the shift supervisor with one (1) copy of the confidential listing that will be placed in a secure area;

- The previous list should be shredded; and
- If an employee of the Department comes into contact with the blood or bodily fluids of an inmate the shift commander will inform the employee if the inmate is HIV positive.

#### 1.4.1.2 Unlawful Disclosure of Confidential Information

- All information of a personal nature about any person that concerns a real or suspected case of a communicable disease is confidential medical information.
- As such, the provisions of NRS 441A.220 are controlling with respect to the disclosure of the names of persons infected with the HIV virus.
- It is unlawful to disclose the name of any infected person except as authorized by law. No Department employee who has knowledge of an infected inmate based on his legal right to know may disclose this information to anyone, in any form. (3-4377)
- Any abuse of this confidential information by staff will result in disciplinary action.

#### 1.4.2 Precautionary Measures -- Inmates Who Test Positive for HIV Antibodies

1.4.2.1 The inmate will not be classified to any work or housing assignment/activity that is outside the main security area, with the exception of adjacent camps under the direct supervision of custody.

1.4.2.2 This includes, but is not limited to, restitution centers, work release, and outside government work.

- Institutional minimum custody is not considered a community assignment as long as the inmate is within tower supervision range.

1.4.2.3 The inmate will not be classified to any assignment in the canteen, culinary, food services, infirmary, or allied health services area.

1.4.2.4 Inmates with HIV antibodies will not be double bunked except with another person with HIV antibodies.

- Weekly audits of the institution's housing plan will ensure compliance by the AWP/designee.

- Inmates may live in a dormitory type setting with non-HIV positive inmates.

1.4.2.5 The decision to house an inmate with AIDS in the infirmary will be based on a clinical decision made by the treating Health Care Professional or Mid-Level Practitioner.

1.4.2.6 In all cases of inmate disciplinary action where there is some evidence that the offender engaged in behavior that increases the risk of transmitting the virus, such as battery, sexual activity, illegal intravenous injection of a controlled substance or a dangerous drug, or receiving or giving of tattoos, the inmate will be moved to a segregation unit and housed in a single occupancy cell.

- When the disciplinary sanction, if any, expires, the inmate will remain segregated under the conditions of Administrative Segregation.
- The Medical Director and the Offender Management Administrator (OMA) must approve any classification decision that recommends release from segregation.

## 1.5 Department of Corrections Responsibility to Employees: Use of Universal Precautions

1.5.1 Inmates may seroconvert to positive from four (4) to six (6) months after exposure via high risk behavior.

1.5.1.1 The Center for Disease Control (CDC) has emphasized Universal Precautions” as a way of decreasing risk of exposure.

1.5.1.2 Information regarding Universal Precautions” is available to all staff via the Medical Division.

## 1.5.2 Classification of Work Activity

Work activity of Department of Corrections staff will be classified as follows and personal protective equipment for staff will be made available and required as described:

<u>Category</u>	<u>Nature of Task/Activity</u>	<u>Protective Equipment</u>	
		<u>Available</u>	<u>Worn</u>
I	Direct contact with blood or other body fluids to which universal precautions apply	Yes	Yes

II	Activity performed without blood exposure but exposure may occur in an emergency	Yes	No
III	Task/activity does not entail predictable or unpredictable exposure to blood	No	No

1.5.2.2 Standard operating procedures for staff duties and tasks will be maintained and updated at least annually by the Medical Director..

1.5.2.3 The Medical Division of the Department, in collaboration with the State Health Division, will provide an educational program regarding the virus and universal precautions to staff upon employment and yearly thereafter.

1.5.2.4 Individuals providing this instruction must be certified by the State Health Division.

#### 1.6 Department of Corrections' Responsibility to Inmates

1.6.1 All inmates will be provided an educational program during the intake orientation process, and annually thereafter, to provide information about HIV infection, means of virus transmission, and measures to prevent transmission.

1.6.2 HIV positive inmates and those with AIDS will receive adequate mental health and medical care, including the availability of standard diagnostic tests and medications approved by the Food and Drug Administration.

- Inmates may be entered into FDA approved medication trials after signing informed consent and with the approval of the Medical Director.

#### 1.7 Medical Requirement

1.7.1 All patients diagnosed as being persons with HIV antibodies will receive initial counseling following diagnosis, pre-release counseling and ongoing programs upon request.

1.7.2 Inmates identified as persons with HIV antibodies will be seen by a Health Care Professional or Mid-Level Practitioner as determined Health Care Institutional Procedure #125, HIV Treatment.

#### 1.8 Exit Testing and Dissemination of Information to State Health Division

##### 1.8.1 Discharge Notification to the Director of Nursing Services

1.8.1.1 At intervals designed to provide between 60 and 90 days notice, the Correctional Case Records Manager/designee will provide the Medical Division a printout that lists inmate discharges.

- This list will be provided to the Disease Control Specialist III who will then provide it to the person at all Department locations who are responsible for HIV Exit Testing (3-4393).

1.8.1.2 All inmates paroling or discharging into will be tested prior to leaving.

## 1.8.2 Testing/Dissemination of Information

### 1.8.2.1 Duties of the Medical Staff

- HIV testing upon release from the Department is mandatory.
- The appropriate Medical Division staff at each institution will ensure that blood is drawn, “Exit Test” is indicated on the lab form, and laboratory analysis initiated.
- Supplemental testing is done automatically when an initial HIV screen is returned positive for HIV virus.
- The Medical Division staff at each institution will ensure that counseling is conducted by DOC staff or by the State Health Department for all inmates who have confirmed positive results.
- The staff will also send a written statement to the Disease Control Specialist III verifying that counseling was conducted for inmates with a confirmed positive HIV test prior to release.
- The State Health Laboratory will notify the Disease Control Specialist III regarding the test results of all exit tests.
- When the release occurred without sufficient notice to receive confirmed test results, the Disease Control Specialist III will utilize a form letter to advise the inmate and the State Health Division of confirmed positive tests and to advise that post-test counseling and contact tracing are required.
- If the inmate tested positive without sufficient notice to receive the test results, the Disease Control Specialist III is only required to send a form letter to the State Health Division advising them of the confirmed positive test results.
- In all instances, notification to the State Health Division will be made, in writing, on a weekly basis of all inmates released who tested HIV positive by the Disease Control Specialist III.

- Such notification will include the inmate's name, social security number, age, race, sex, and destination.

#### 1.9.2 Duties of the Pre-Release Coordinator

- The Pre-Release Coordinator or designee will, prior to an inmate's release, instruct all inmates being released from the Department to report to the Infirmary or clinic for exit blood testing.
- This includes, but is not limited to, paroles/discharges to hold/detainers.
- Exceptions will be those inmates not required to have blood drawn if a prior draw was done within 90 days.
- Clinic staff will determine exceptions.
- The clinic staff will issue a receipt, Confirmation of Exit Testing, DOC-2655, to the inmate following the test.
- The inmate will return the Confirmation of Exit Testing receipt to the Pre-Release office prior to his/her release.
- The receipt will be placed in the inmate's "I" file.
- The Pre-Release Coordinators at the camps will make every effort to have the exit blood draw done on all paroling/discharging inmates who are transferring to another institution for release.
- In the event this cannot be completed prior to transfer, the Camp Release Coordinator will notify the receiving institution prior to the inmate's arrival that an exit blood draw is needed.
- The Pre-Release Coordinator will ensure that the Forwarding Address – Personal Data Form, DOC-2032, has been completed.

#### REFERENCES

ACA Standards 3-4366, 3-4377, 3-4393



## ATTACHMENTS

Forwarding Address – Personal Data, DOC 2032  
Confirmation of Exit Testing, DOC 2655

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Jackie Crawford, Director

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Date

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Ted D'Amico, D.O., Medical Director

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Date

**CONFIDENTIAL**

        
Yes

XX  
No

**THIS PROCEDURE SUPERSEDES ALL PRIOR WRITTEN PROCEDURES ON THIS SPECIFIC SUBJECT.**